

ATTACHMENT 1B

ELIGIBILITY CERTIFICATION

CLIENT NAME:

(including nicknames or other names used)

ADDRESS:

CURRENT: STREET

CITY

ZIP CODE

GENDER:

- Male
 Female

ETHNICITY:

- Hispanic
 Not Hispanic

IS THE CLIENT DISABLED?

- Yes No

RACE:

- White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/ Other Pacific Islander

IS THIS A FEMALE HEADED HOUSEHOLD?

- Yes No

INCOME

Please circle the amount which best describes your current household's income for the year. (This includes *the combined income of all family members* who live in the home, regardless of whether they contribute to household bills.)

0 - \$12,400	\$21,901- \$23,300	\$36,551- \$37,700
\$12,401 - \$14,150	\$23,301- \$23,600	\$37,701- \$38,900
\$14,151 - \$15,900	\$23,601- \$26,550	\$38,901- \$42,400
\$15,901 - \$17,650	\$26,551- \$29,450	\$42,401- \$47,100
\$17,651 - \$19,100	\$29,451- \$31,850	\$47,101- \$50,900
\$19,101 - \$20,500	\$31,851- \$33,000	\$50,901- \$54,650
\$20,501 - \$20,650	\$33,001- \$34,200	\$54,651-\$58,450
\$20,651- \$21,900	\$34,201- \$36,550	\$58,451-\$62,200
		\$62,201 and over

Number of family members living in your household (please check one):

- 1 2 3 4 5 6 7 8 9 10

Please circle any of the following assistance your household currently receives:

- Housing Authority (HUD) Section 8 Rent Subsidy Medicare or Medicaid
 Supplementary Security Income (SSI) Food Stamps

*Income certification and signature on reverse side of form

FOR AGENCY USE ONLY

Income According to CD Contract Guidelines? Extremely Low Very Low Low Not CD Eligible

Address Within City Limits? Yes No

Staff Member Making Verification _____

Members of Household, including self, living at address on other side of page:
 (This should include *all persons* related by blood, marriage, or adoption residing in one dwelling.) Please list employers or other sources of income (for example, income received from Social Security, retirement benefits or child support payments). # = Phone number

1. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
2. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
3. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
4. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
5. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
6. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
7. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
8. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS
9. NAME	AGE	RELATIONSHIP TO CLIENT
EMPLOYER/INCOME SOURCE	#	EMPLOYER'S ADDRESS

(Additional household information may be entered on a separate page)

I hereby certify that all information within this certification is true and correct to the best of my knowledge. I understand that I am applying for federal assistance intended to benefit only low and moderate income persons. I am aware that making a false statement to obtain benefits to which I am not entitled may subject me to both civil and criminal penalties, as well as forfeiture of my benefits. I authorize that information on this document be verified with the employers or other income sources at a later date, and authorize said employers or other sources to release this information.

 Signature of client if over 18 or parent/legal guardian

 Date Signed

ARCHIVO ADJUNTO 1B

CERTIFICACIÓN DE ELEGIBILIDAD

NOMBRE DEL CLIENTE:

(Incluyendo sobre-nombres y otros nombres previamente utilizados)

DOMICILIO:

CALLE	CIUDAD	CODIGO POSTAL
-------	--------	---------------

GÉNERO:

Masculino

Femenino

ORIGEN ÉTNICO:

Hispano

No Hispano

TIENE ALGUNA DISCAPACIDAD?

Si

No

RAZA:

Blanco

Afro-Americano

Asiatico

Nativo-Americano o de Alaska

Nativo de Hawai/ Otras Islas del Pacifico

ES LA MUJER LA PRINCIPAL PROVEEDORA DEL HOGAR? Si No

INCOME

Favor de hacer un circulo en la cantidad que mejor describa el ingreso anual total de su hogar/vivienda. (Esto incluye el ingreso combinado de todos los familiares que viven en el hogar, aunque no contribuyan con los gastos de la vivienda).

0 - \$12,400	\$21,901- \$23,300	\$36,551- \$37,700
\$12,401 - \$14,150	\$23,301- \$23,600	\$37,701- \$38,900
\$14,151 - \$15,900	\$23,601- \$26,550	\$38,901- \$42,400
\$15,901 - \$17,650	\$26,551- \$29,450	\$42,401- \$47,100
\$17,651 - \$19,100	\$29,451- \$31,850	\$47,101- \$50,900
\$19,101 - \$20,500	\$31,851- \$33,000	\$50,901- \$54,650
\$20,501 - \$20,650	\$33,001- \$34,200	\$54,651-\$58,450
\$20,651- \$21,900	\$34,201- \$36,550	\$58,451-\$62,200
		\$62,201 o mas

Número de los miembros de la familia que viven en su hogar (por favor marque uno):

1 2 3 4 5 6 7 8 9 10

Por favor, seleccione las siguientes ayudas que su hogar recibe actualmente:

Vivienda Publica (HUD) Subsidio de Alquiler de Sección 8

Medicare or Medicaid

Ingreso de Seguridad Suplementario(SSI)

Estampillas para comida

*Certificación de ingreso y firma en el reverso de la forma

USO SOLAMENTE PARA LA AGENCIA

Ingresos según las reglas de el contrato? Extremadamente Bajos Muy Bajos Bajos No Elegibles para CD

Domicilio dentro de los limites de la Ciudad? Si No

Empleado hacienda la verificación _____

Miembros del hogar, incluyendose a usted mismo, viviendo en el domicilio en el reverso de la página:

(Esto deberá de incluir todas las personas relacionadas por sangre, matrimonio, adopción que residen en la misma vivienda). Favor de enlistar nombres del empleador u otras formas de ingreso (por ejemplo, ingreso recibido de Seguro Social, Beneficio de Jubilación o pago de manutención para sus niños. # = Numero de Telefono

1. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
2. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
3. NOMBRE	EDAD	RELACIÓN
EMPLOYER/INCOME SOURCE	#	DIRECCIÓN DE EMPLEADOR
4. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
5. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
6. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
7. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
8. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR
9. NOMBRE	EDAD	RELACIÓN
EMPLEADOR/FUENTE DE INGRESOS	#	DIRECCIÓN DE EMPLEADOR

(Miembros de familia adicionales pueden agregarse en una hoja separada)

Yo certifico que toda la información dentro de esta certificación es verdadera y correcta al mejor de mi conocimiento. Yo entiendo que estoy aplicando para asistencia federal asignada para beneficiar a solamente las personas de bajos recursos y recursos moderados. Estoy consciente de que hacer una declaración falsa para obtener beneficios a los que no estoy titulado puede someterme a sanciones civiles y penales, así como pérdida de mis beneficios. Yo autorizo que la información en este documento sea verificada con los empleadores u otra fuente de ingresos en una fecha posterior, y autorizo que los empleadores y otras dependencias liberen esta información.

Firma del cliente si es mayor de 18 o padre / tutor legal

Fecha de Firma

YWCA Workforce Development

Student Information Form

Dear prospective student, in order to establish eligibility for services and to enable our staff to work more effectively with you, please complete the following form. All records are strictly confidential.

Date	
Last Name	
First Name	
Phone Number	
Alternative phone number	
Date of Birth mm/dd/yyyy	
Gender	
Ethnicity	
Age	
Email	
Mailing Address	
City, State, Zip Code:	

How did you learn about this program?

* Demographic information is used by LIFT when applying for grant. Your personal information is not shared with outside entities.

YWCA LIFT Student Responsibilities

Attendance:

1. Class attendance is mandatory
2. Participants must be on time and prepared
3. Any absences must be reported to the YWCA LIFT staff at 915-519-0002 ext. 1271
4. It is the participant's responsibility to keep up with the lessons being taught, the Instructor will not repeat any lessons.

Participation

1. Students are expected to participate in all the class sessions
2. Participation is
 - a. Asking questions
 - b. Answering questions that the instructor may have
 - c. Making comments that relate to the discussion of the day
3. When participating student are required to remain respectful of other students and the instructor's questions and comments
4. YWCA's mission is to empower, eliminate racism and promote justice for all. If you feel disrespected at any time, please speak with the Workforce Director, Laura Carpio.

Student Conduct

1. Students must be respectful of their peers and instructors
2. Disrespectful conduct, such as verbal or physical altercations, will not be tolerated. Student will be asked to leave and will not be allowed to come back.
3. Students who engage in disruptive behavior may be asked to leave the classroom by the instructor.
4. Students will be mindful of any and all equipment that is used in the classroom.
5. Students will not utilize equipment for activities other than those provided by the Instructor or without the Instructors consent.

Withdrawals

1. Students who need to withdraw are asked to advise Instructors
2. Will be asked to fill out an exit survey

Signature & Date: _____

YWCA Workforce Development – LIFT Program
Student Intake

Student Name: _____

Date: _____

Dear Prospective student, in order for staff to work more effectively with you please complete the following. All information is confidential.

Educational Background:

1. Do you have a GED / High School Diploma? _____
2. What is the last grade completed? _____
3. Would you like to continue your education? _____

Career Background: *(List previous employers and pay rate)*

1. _____
2. _____
3. _____

Identifying Barriers:

1. Do you have any learning disabilities? (yes or no) _____
 - a. If so, let us know how we can better assist you _____
 - b. _____
2. Do you have any physical conditions that might affect your learning?
 - a. If so, let us know how we can better assist you _____
 - b. _____
3. Do you have reliable transportation? (yes or no) _____
4. Will you need assistance in the form of gas or bus pass? (yes or no) _____
5. Are you responsible for providing child care? _____ Do you have child care? _____
 - a. How many children? _____
 - b. Ages of children? _____
6. Is there anything in your life that might make it difficult to attend the program on a regular basis?
 - a. If so, please explain? _____
7. Are you confident that you would be able to complete the program? _____

Identifying Goals:

1. Why did you decide to enroll in this program? _____

2. What motivates you? _____

3. What is a short term goal you have for your participation in LIFT? _____

4. What is your long term goal after completing the program? _____

5. What is your current typing speed? _____
6. Are you familiar with Microsoft Applications? (yes or no) _____
7. Do you know Word? _____
8. Do you know Excel? _____
9. What type of job are you looking for? _____
10. How can we assist you? _____
